FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL					
OMB Number:	3235-0076				
Expires:					
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ı	OMB Number:	3235-0076
	Expires:	
ı	Estimated average	burden
	hours per response.	
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SEC USE ONLY								
Prefix	Serial							
	1							
DATE RECEIVED								

Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE RECEIVED Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA JUN 07 2007
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) PAINTED ROCK, INC.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
525 Sycamore Valley Road West, Danville, CA 94526 (925)837-3456
Address of Principal Business Operations (Number and Street, Fig. State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)
Brief Description of Business D JUN 1 8 2007
THOWSON
Type of Business Organization Corporation Imited partnership, already formed business trust Imited partnership, to be formed Imited partnership, to be formed Imited partnership, already f
Month Year Actual or Estimated Date of Incorporation or Organization: O1 O6 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.
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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	A. BASIC IDENTIFICATION DATA								
2. Enter the	information re	quested for the fo	llowing:						
• Each	promoter of	the issuer, if the is:	suer has been organi:	zed within	the past five years;				
• Each	beneficial ow	ner having the pow	er to vote or dispose,	or direct tl	e vote or disposition	of, 109	% or more o	fa clas	ss of equity securities of the issuer
• Each	executive off	icer and director o	f corporate issuers a	nd of corpo	orate general and mai	naging	partners of	f partne	ership issuers; and
• Each	general and r	nanaging partner o	of partnership issuers						
Check Box(es)	that Apply:	Promoter	Beneficial Ov	vner 🔽	Executive Officer	V	Director		General and/or Managing Partner
Full Name (Las		f individual)							
		ess (Number and lead West, Danvil	Street, City, State, Z lle, CA 94526	(ip Code)	·····				
Check Box(es)	that Apply:	Promoter	Beneficial Ov	vner 🔲	Executive Officer		Director		General and/or Managing Partner
Full Name (Las	st name first, i	f individual)							
Mark C. Van	denBerghe	and Catherine L	. VandenBerghe, 1	Trustees	of the Mark and C	atheri	ne Vande	nBerg	ghe Rev. Trust dated 3/15/05
Business or Re	sidence Addre	ess (Number and	Street, City, State, Z	Zip Code)			-		
525 Sycamore	e Valley Roa	ad West, Danville	e, CA 94526						
Check Box(es)	that Apply:	Promoter	Beneficial Ov	vner 📗	Executive Officer		Director		General and/or Managing Partner
Full Name (Las	st name first, i	f individual)	·						
Business or Re	sidence Addre	ess (Number and	Street, City, State, Z	Lip Code)					1.00
Check Box(es)	that Apply:	Promoter	Beneficial Ov	vner 🗌	Executive Officer		Director		General and/or Managing Partner
Full Name (Las	st name first, i	f individual)			-				# ·
Business or Re	sidence Addre	ss (Number and	Street, City, State, Z	Cip Code)					
Check Box(es)	that Apply:	Promoter	Beneficial Ov	vner 📄	Executive Officer		Director		General and/or Managing Partner
Full Name (1.as	st name first, i	f individual)					•		
Business or Re	sidence Addre	ss (Number and	Street, City, State, Z	(ip Code)					
Objects Do. 11.2	4b-4 44				Emanufación Oct		Disease		Cananal and to-
Check Box(es)		Promoter	Beneficial Ov	vner	Executive Officer		Director		General and/or Managing Partner
Full Name (Las	st name first, i	f individual)							
Duringer or Puridance Address (Number and Street City State Via Code)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es)	that Apply:	Promoter	Beneficial Ov	vner 🗌	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)									
Business or Re	sidence Addre	ss (Number and	Street, City, State, Z	Cip Code)		••		•	
		(Use bla	nk sheet, or copy and	d use addit	ional copies of this s	heet. a	s necessary	/)	

	B. INFORMATION ABOUT OFFERING												
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No 🕱				
	Answer also in Appendix, Column 2, if filing under ULOE.							_	٥				
2.									\$_99,900.00				
3.	Does th	e offering	permit joint	ownerchi	n of a sing	le unit?						Yes	No ⊠
													N.
7.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful n/a		Last name	first, if indi	vidual)						'			
		Residence	Address (N	umber and	l Street, Ci	ity, State, Z	ip Code)						
								· · · · · · · · · · · · · · · · · · ·					
Nai	me of Ass	sociated Br	oker or Dea	aler	•								
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
	(Check	"All States	" or check	individual	States)	••••••			••••••			☐ Al	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	ĪL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC)	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	<u>UT</u>	VT	VA	WA	[WV]	WI	WY	PR
Ful	l Name (l	Last name	first, if indi	vidual)					•	,			
Bus	siness or	Residence	Address (N	Number an	d Street, C	City, State, 2	Zip Code)	<u> </u>					
Nai	me of Ass	ociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
	(Check	"All States	or check	individual	States)		***************************************		••••••		••••••	All States	
	AL	ĀK	AZ	AR	CA	CO	CT]	DE	DC	FL	GA	HI	ÎD
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE SC	NV	NH	NJ	NM UE	NY	NC)	ND	OH (WW)	OK]	OR WY	PA PR
	RI	[SC]	SD	TN)	TX	[UT]	VT	[VA]	WA	(WV)	WI	W I	<u> </u>
rui	i Name (i	Last name	first, if indi	viduai)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)								States					
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	Н	1D
	IL	N N	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt			s
	Equity			\$
	✓ Common Preferred	·	_	
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests			\$
	Other (Specify)			\$
	Total	99,900.00	_	\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.	,	_	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number		Aggregate Dollar Amount
		Investors		of Purchases
	Accredited Investors	1	_	\$_99,900.00
	Non-accredited Investors		_	\$
	Total (for filings under Rule 504 only)		_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A		_	s
	Rule 504		_	\$
	Total		_	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs		_ _	\$
	Legal Fees		7	\$_1,000.00
	Accounting Fees	_		\$
	Engineering Fees	_	_	s
	Sales Commissions (specify finders' fees separately)	-	<u></u>	s
	Other Expenses (identify)		_ ٦	\$
	Total	_	_ ¬	\$ 1,000.00

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		98,900.00
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part 6	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[] \$	
	Purchase of real estate			s
	Purchase, rental or leasing and installation of mach		_ 	
	Construction or leasing of plant buildings and facil	lities	_ 	
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	s or securities of another	_ 	
	Repayment of indebtedness	-	_	
	Working capital			
	Other (specify):			
] \$	s
	Column Totals		ך <u>\$ 0.00</u>	98,900.00
	Total Payments Listed (column totals added)		- · · ·	8,900.00
Г		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accre	ish to the U.S. Securities and Exchange Commiss	sion, upon writte	
lss	ner (Print or Type)	Signature L	Date	
	PAINTED ROCK, INC.	mil	5/17/1	27
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)	1111	-
	k VandenBerghe	President		
	<u> </u>			

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ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)